

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH24066  
STATE FILE NUMBER

Registration District No. 105 104 Primary Registration District No. 4177 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY, (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarkton, Missouri		c. CITY OR TOWN Clarkton, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clarkton, Missouri		d. STREET ADDRESS (If outside, give location) Clarkton, Missouri	
Length of stay in lb 25 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First INDIA Middle MOZELLA Last EDMUNDS		4. DATE OF DEATH Month July Day 22 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1873
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Anna, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. C. R. Dunlap, Clarkton Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchitis + Broncho pneumonia Chronic cystitis Conditions, if any, which gave rise to above cause (c), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 502		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Clarkton, Missouri		COUNTY STATE	
21. I attended the deceased from Death occurred at 21st July 1957 to 21st July 1957 and last saw him alive on 7-21-57 3:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. S. Hopkins, MD		22b. ADDRESS Gidens, Mo	
22c. DATE SIGNED 7/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-23-57	
23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		23d. LOCATION (City, town, or county) Clarkton, Missouri	
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. 7-26-57	
26. REGISTRAR'S SIGNATURE J. J. Schuman			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY  
DEPARTMENT.....  
COUNTY FILE NUMBER 757

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address *Campbell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.